24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
KENTUCKY MOVING FORWARD	
	C C00624064
Check if X 24-hour report 48-hour report New report Amends report filed on	
Full Name of Payee	Date of Public Distribution/Dissemination
Smith Strategies LLC	M = M / D = D / Y = Y = Y
Mailing Address 300 East Main Street	10 21 2016 Amount
	Allouit
City State Zip Code	156475.00
Lexington KY 40507	Transaction ID : SE.4149 Date of Disbursement or Obligation
Purpose of Expenditure Advertisement Category/ Type	10 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District: 00
GRAY, JIM P, , ,	President Senate State: KY
Calendar Year-To-Date Per Election for Office Sought Disbut 2016	ursement For: Primary General Other (specify)
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	
	Amount
City State Zip Code	
Purpose of Expenditure	Date of Disbursement or Obligation
Category/ Type	M M / D D / Y Y Y Y
Name of Federal Candidate Support Offic	e Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Disb	ursement For: Primary General
Per Election for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	156475.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
(b) 101A2 macportaint Exportantial Communication	156475.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Wilson, Steve, , ,	M / D D / Y Y Y Y
	21 2016
Oignature	